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The Impact of Representative Employee Participation on Work Environment Quality and Business Outcomes in the Hotel Industry

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Introduction

The paper evaluates the impact of representative employee participation on the work environment and business outcomes in the hotel industry in Denmark and New Zealand (NZ). These countries are of similar population and economic structure. Each has legislation for occupational health and safety (OHS) delegates, but in NZ this is quite recent and wider participative practices are not well developed by employer/union agreement as in Denmark with cooperation committees. Comparison between the two countries enables testing of the impact of the degree of embeddedness of participative practices.

Danish OHS representation was instigated by the *Work Environment Act 1975*, and in NZ by the *Health and Safety in Employment Amendment Act 2002* (Knudsen 1995: 91-2; Harris 2004). The threshold for establishment of OHS committees is 20 employees in Denmark and 30 for committees or representatives in NZ, although Danish enterprises with 10 or more employees must have employee safety representatives and smaller NZ enterprises may have representatives if requested by employees or unions. The Danish committees' jurisdiction includes the 'planning of the enterprise', which could include work processes, restructuring and technological change, although this only seems to occur in some enterprises and up to 25% have not implemented OHS representation. The jurisdiction of NZ committees is more specifically limited to OHS and hazard prevention, although it is not known how widespread these committees are.

Danish cooperation committees exist in enterprises of 35 or more employees by agreement between the employer federation (DA) and the main union federation (LO) since 1947. Cooperation committees are forums for consultation over working conditions, training, work organisation and especially technological and organisational change. Composed of equal numbers of employer and employee representatives, they cover less than a third of enterprises and may vary in effectiveness (Knudsen 1995: 82-90). In a recent NZ survey 40% of employees reported coverage by similarly composed joint consultative committees (JCCs), although these are not subject to a general agreement, and hence, vary greatly in role and effectiveness, with employee representatives chosen by employers in over a quarter of instances (Boxall *et al.* 2007: 160-1).

Hotels are a major component of the hospitality industry sector, which is a growing contributor to the economies of NZ and Denmark, with unique labour market conditions. Hospitality accounts for 9% and 3% respectively of NZ and Danish GDP, and 6 and 3% respectively of the labour force. This workforce is characterised by its youth, feminisation, high proportion of immigrants, non-standard employment patterns, low coverage of collective agreements and low pay. Almost 40% of NZ hospitality employees are under 25 years (33% of hotel workers), and in Denmark over 50% are under 35 years. Females account for 62% of NZ hotel workers, and 57% of Danish hospitality workers. Part-time workers make up over a third of the workforce in both countries. Higher than average proportions of workers from overseas are also attracted to the industry in both countries, with this proportion growing from 25 to 35% in NZ from 2001 to 2006 (StatisticsNZ 2007; Hospitality Standards Institute 2007; European Foundation 2004: 5; CASA 2002). In NZ collective bargaining coverage is restricted to union members, who only comprise 10% of the hospitality workforce (Boxall *et al.* 2007: 155). In Denmark 50% of hospitality workers are covered by collective agreements, although this is significantly lower than the 75% coverage in the workforce as a whole (CASA 2002). Danish workplaces covered by collective agreements typically have

cooperation committees. Because of their greater association with larger and unionised organisations, the incidence of JCCs is relatively low in NZ hospitality which has a high incidence of smaller non-unionised organisations, but in hotels larger unionised organisations are more common.

The industry experiences high labour turnover – up to 60% per annum in NZ – and high absenteeism – 4% in Denmark. High labour turnover and absenteeism significantly affect business outcomes in the industry. Managers tend to attribute this to factors beyond their own control, largely the stereotypical characterisation of the industry as a temporary, part-time source of employment. However, Boxall, Macky and Rasmussen (2003) claim that voluntary labour turnover represents one end of a continuum from retention at the other end. This continuum includes a sequence of withdrawal responses including lateness and absenteeism, in response to unsatisfactory employment. Absenteeism includes work absence for injury or sickness, which may indicate an unsafe work environment. Work environment also critically affects labour exit decisions. Influential aspects include job security, whether employees feel employers value their contributions and well-being, job satisfaction, stress, pay satisfaction, whether work is interesting, and whether employers listen and recognise merit and work/life balance (Boxall *et al.* 2003; NZTRI 2007).

The costs of labour turnover and poor working environment are high. Labour turnover impacts significantly on productivity in hotels (NZTRI 2007), and estimates cost it at 50-130% of salary (Blake 2006; Hinkin & Tracey 2000). Turnover affects consistency of customer service standards. Absenteeism may cost 8-20% of payroll (Care NZ 2004). OHS risks also may be expensive in terms of insurance premiums and replacement costs for injured and ill staff (Mylett and Markey 2006). Work organisation can be sub-optimal for employee well-being. Shift work, for example, common in the hotel industry, has been associated with stress (Wedderburn 2006; Lo and Lamm (2005). In Denmark the hotel workforce has a relatively high incidence of cancer and stress-related diseases.

Boxall *et al.* (2003) found that propensity to leave a job was mitigated by feelings of empowerment. Walters *et al.* (2005) also found that worker representation and consultation through OHS committees produced better OHS outcomes than management acting alone. Similar studies suggest that trade union presence impacts positively on OHS outcomes (Saksvik and Quinlan 2003). However, the impact of OHS committees on OHS outcomes is affected by a range of other factors, including management commitment, adequate training and information for employee representatives, and communication channels with fellow employees and management (Walters *et al.* 2005). Lo and Lamm (2005) identified a high degree of unitarist management thinking in the NZ hotel industry. Representative forms of employee participation, such as OHS delegates and committees address this issue.

Method

Research questions:

1. What characterises employee participation in establishments with good and less good working environments?
2. What correlations are there between effective employee participation, positive work environments and good business outcomes?

Hypotheses:

1. effectiveness of representative employee participation structures positively correlates with work environment quality;
2. work environment quality correlates positively with business outcomes.

Six case studies were chosen:

- four NZ hotels, two in each of two major cities, and
- two Danish hotels, one city, one rural.

Each hotel was part of a larger chain in the middle to upper segment of the sector (3-5 star). Data was collected from relevant documents; three to six interviews at each hotel including human resource managers and other middle to top managers, and employee representatives; and a questionnaire survey of 57 employees from the NZ hotels, and 46 from the Danish hotels. The NZ sample represented 7% of the total employment of 799, with each hotel varying from 83 to 350 staff, whereas the Danish establishments were much smaller, with the survey sample representing 60% of all employees.

The demographics of employees surveyed were very similar for both countries and broadly consistent with industry patterns: with 61% were female; a small majority of 53-54% were under the age of 30, 37-40% were 31-50 years and few (7-9%) over 50 years of age. Length of employment varied between the countries with more Danish than NZ employees being employed for less than a year (35 to 27%), and substantially more NZ employees being employed for over two years (56 to 44%). This was somewhat surprising given the emphasis in NZ literature on high turnover, suggesting that the case studies had lower than average turnover. The different sizes of the Danish and NZ hotels may have affected these results. The two Danish hotels also varied in this regard: one had 30% of respondents employed for over five years, compared with only 17% in the other.

The survey employee demographics also varied regarding job function. Danish employees were mainly from kitchen/restaurant (48%) and reception/guest services (44%) areas, whereas the NZ employees were more evenly divided between these (19-21%) and sales and administration (29%) and manager/team leader (23%) positions. These differences are likely to affect the nature of injuries, but may have less impact on representative committees covering the whole hotel.

Finally, business outcomes were evaluated by the proxies of absenteeism, labour turnover and OHS outcomes. These are strong and widely employed proxies because of the costs associated with them and in the absence of other clear data. Performance measures related to business outcomes were found to be problematical because of inconsistent application and poor definition. For example, in the NZ case studies productivity and performance indicators were often discussed interchangeably, especially by those interviewees holding middle management, supervisor and employee representative positions. The CEOs were able to more clearly differentiate between labour productivity and hotel performance indicators. Performance on an individual level is measured by the achievement of goals and performance targets linked to an individual's performance plan. Performance of departments and the overall hotel is measured using more industry standard ratios and statistics, such as sales per employee, number of 'up-sells', profitability, and occupancy. The relationship between business outcomes and most of these measures is indirect, and in some cases not necessarily dependent upon hotel management practices.

Participation

Both Danish hotels are part of chains that have cooperation committees but these structures do not exist at the individual hotels. Mandatory OHS committees, however, exist at both individual hotels. The employees are not concerned with the overall strategic and tactical issues in running the business. Few employees say that they have influence through representatives. The only area where there is some indirect influence is on OHS issues where the representative system functions, and through which 62% of employees surveyed considered that they had influence on working conditions to 'a very high degree', 'a high degree', or 'partly'. Participation according to traditional collectively based industrial relations standards is weak, although 49% of employees surveyed considered that they had influence on working conditions through the cooperation committee to 'a very high degree', 'a high degree', or 'partly', and the corresponding figure for influence through shop stewards was 33%. In addition, 87% of employees surveyed considered that they gained information on important decisions, changes and future plans to 'a very high degree', 'a high degree' or 'partly'.

Furthermore, the Danish employees have a strong sense of direct influence on their working conditions, especially at one hotel. Operational routines are structured by management, but the individual employees have good opportunities to influence these decisions by a direct dialogue with management. The continuous contact between the middle manager and the employees results in a dialogue which the employees experience as influence on how the work is done. For example, 65% of employees surveyed considered that they had significant influence on decisions affecting their work speed 'sometimes' (11%), 'often' or 'always'. Control by the work group is also evident in the response from 75% of employees that there is a collective effort among colleagues to keep work requirements reasonable, to 'a very high degree', 'a high degree' or 'partly'. Consistent with this, 94% of employees reported that if they have a problem at work they gained support from colleagues, to 'a very high degree', 'a high degree' or 'partly'.

The only formal representative employee structures found in the NZ hotels are OHS committees, together with social committees, cross-departmental exchange committees, environmental committees and customer oriented quality committees. The relatively weak institutionalisation of employee participation structures can be attributed to low levels of unionism in NZ hotels (less than 15% in most hotels studied) and lack of legislation beyond OHS that requires employee participation structures.

Data from the interviews and employee surveys indicates commonalities across the four NZ hotels in the formation, structure and activities of OHS committees. In all case studies representatives on the committee came from different departments across the hotel. Overall managerial staff was not represented on the committees, with the exception of human resources staff in some cases. Having representatives from different departments was seen to improve communication between departments and with management. The employee-centric nature of the committees was also seen as positive because it engaged employees at a strategic level in OHS.

Employee representatives for the NZ OHS committees were predominantly selected on the basis of volunteering, rather than election by all employees. Management selected them in some cases. These selection methods limited committee representativeness and accountability. Only 40% of the NZ employees surveyed had raised an issue for the OHS committee, but 84% of these considered that it had been dealt with satisfactorily, 83% in one month or less, and 92% considered that OHS had improved in the workplace as a result of the committees, especially through fewer injuries. This represents a perception of a high degree of effectiveness for the committees.

Interviews revealed that representatives also perceived the committees as valuable and efficient. Meetings usually started by review of the minutes of the previous meeting, with discussion of any follow-ups required, and hazards that had been reported. They set objectives for the year and reviewed progress in meeting them. Attention to documentation was considered an important activity, especially for audits.

The primary focus of the committees across all four NZ organisations was hazard monitoring and OHS incidents, but they also confirmed management expectations in engaging strategically. Committees looked not only at reported incidents, but also unreported incidents and reasons for this. Preventative and long range planning for upgrading of equipment and possible major incidents, such as pandemics, were discussed, and some of the committees' range of issues extended to employees' general wellbeing and wellness at work, including nutrition advice and health monitoring. Employee representatives on committees reported avoiding penalty fines, increasing productivity and a reduction in insurance levies as issues considered by the committee all of which contribute significantly to the 'bottom line' at the hotel.

Cross-pollination of issues also occurred between the OHS and other committees in NZ hotels. For example, at one hotel the environmental committee considered future initiatives to make the workplace safer and healthier, and the social club committee had also undertaken health initiatives. At several hotels customer oriented quality committees addressed issues to improve customer experience, which can in turn improve the working environment for staff. Knowledge was transferred between committees through practices

such as members from one committee reading the minutes from the other committee meetings.

The NZ OHS committees were responsible for communicating issues or actions to employees, and took an active role in education. Their actions were disseminated to employees mainly through notice boards, staff briefings and email. Engaging with employees was considered important for building support for committee mandates and maintaining a positive OHS culture. Employee representatives and managerial members of committees spoke of them being representative and accountable to employees.

However, despite the importance NZ management attached to employee engagement in OHS committees for developing a positive health and safety culture, there was limited training for representatives and limited formal support in terms of relief from duties or additional remuneration. Only minor rewards beyond standard pay for time on the OHS Committee were offered, such as food or hotel service awards. At two hotels employee representatives gained no specific training in preparation for the OHS committee. Standard staff induction offered a basic understanding of OHS and its importance, and otherwise training occurred informally on an ongoing basis as part of a wider OHS programme. Further training was often self-initiated rather than mandatory for committee members. One hotel, however, offered comprehensive training for OHS representatives. At another hotel all of the OHS representatives undertook a short version of an employers' association OHS course.

Table 1: Work & Participation

Question	Always %	Often %	Some times %	Rarely %	Never/ almost never %	Total No.
Do you have significant influence on how much work you have to do?						
Denmark	17.4	28.3	23.9	17.4	13.0	46
NZ	10.9	23.6	47.3	12.7	5.5	55
Do you have significant influence on how your work is done?						
Denmark	28.3	2.6	13.0	19.6	6.5	46
NZ	1.8	3.5	24.6	50.9	19.3	57

Question	very high degree %	high degree %	Partly %	low degree %	very low degree %	Total no.
Do you have possibilities to learn new things in your job?						
Denmark	21.7	37.0	32.6	4.3	4.3	46
NZ	49.1	28.1	21.1	1.8	0	57
Is your work acknowledged & appreciated by management?						
Denmark	20.0	33.3	28.9	15.6	2.2	45
NZ	15.8	54.4	29.8	0	0	57
Do you get information on important decisions, changes & future plans in due time?						
Denmark	8.7	37.0	41.3	10.9	2.2	46
NZ	10.5	63.2	21.1	3.5	1.8	57
Do you think you should have more influence at your workplace?						
Denmark	4.4	13.3	42.2	35.6	4.4	45
NZ	14.3	35.7	46.4	3.6	0	56

While having an OHS committee is a legal requirement in NZ, all interviewees spoke about health and safety from a wider perspective of the health and welfare of employees and guests. The opportunity to learn about the wider OHS picture, and the various hazards in each department was a motivation for many staff to serve as a representative. Most reported that learning more about OHS via the committee activities led them to take OHS more seriously. Furthermore, some managers and employees spoke of the career benefits that arise from participation in the OHS Committee. One HR Manager reported that a couple of

employees said that they joined those committees because they wanted to further their career, and they found the actual networking opportunities arising from membership of the committee was a way of getting to meet senior managers, and see what was going on in other departments. Another HR Manager said when asked by two staff members how they could develop their skills and careers that she suggested that they could take on the role of co-chair of the OHS committee to assume more responsibility.

Table 1 compares employee survey results for Denmark and NZ on issues concerning participation and empowerment. The results show that the Danish employees were substantially more likely to consider that they had significant influence on how work is done. They were also more likely than NZ employees to consider that 'always' or 'often' they had significant influence on how much work they have to do, although this was balanced by their greater likelihood to claim that they had such influence 'rarely' or 'never'; the NZ employees predominantly felt that they had this influence 'sometimes'. Consistent with these results, the NZ employees were much more likely to consider that they should have more influence at the workplace. On the other hand, NZ employees were also much more likely than Danish to feel that they received information on important decisions and future plans in due time 'to a high degree'. In addition, the NZers indicated a stronger sense of empowerment in their comparatively positive responses to whether they have possibilities to learn new things on the job and whether they are acknowledged and appreciated by management.

Work Environment Quality

Both Danish case studies reveal that management is seriously concerned with OHS and employee well-being. The physical working environment is optimised within a reasonable economic range. The Danish hotels' sickness absenteeism rates were 2 and 4% for the previous year.

Danish employees are broadly satisfied with both their physical and their mental working environment, with 59% characterising their physical working environment as 'good' or 'very good', 74% characterising their mental working environment as 'good' or 'very good', and 70% characterising their total working environment as 'good' or 'very good'. Only 7% characterised their physical working environment as 'bad' or 'very bad', and 2% characterised their mental or total working environment as 'bad' or 'very bad'. No major difference existed in this regard between the two hotels. The employees at the two hotels report low frequency of stress, experience of emotionally distressing situations, being worn out by work or working overtime hours, although employees at one hotel reported higher frequency in these areas than in the other hotel.

Of the NZ employees, a substantial 21% (n12) had suffered a work-related injury or illness in the last three years. The most common injuries involved slipping or tripping, strains or sprains, cuts or bruises, with some bumps and some experienced multiple injuries. However, only half of those injured took time off work, up to a maximum three days.

The health initiatives highlighted by the NZ interviewees focused on assisting employees to take greater responsibility more than on the workplace environment, and employees' level of awareness of wellness strategies was much lower than that of managers. Much activity is made up of simply providing information or unspecified 'monitoring' of employees' wellness. General health was addressed through massage sessions, health checks, and health advice from insurers, and in one case, subsidised health insurance. Exercise was encouraged, particularly through subsidised gym memberships. Diet also was addressed by providing healthy meals and inviting nutritionists into the hotel to speak. A 'biggest loser' competition was held by one hotel, aimed at weight loss. Subsidised flu vaccinations was one example of taking account of the work environment which would expose front line employees to viruses. There was also awareness on the part of a couple of managers of the importance of maintaining work/life balance and not 'burning out' employees. However, this appeared difficult to achieve because of work pressures and manager's principal concern was keeping employees at work and productivity high.

Table 2 compares results from the employee surveys in Denmark and NZ for issues related to work effort and stress. NZers were far more likely to consider that they have more work than they can accomplish 'always' or 'often' than their Danish counterparts. They were also more likely to be required to work overtime 'always'. Therefore, it was consistent that NZers far more frequently responded 'often' or 'sometimes' that their work takes so much energy it affects their private life, they have felt worn out and they have felt stressed. Notwithstanding this, 90% of NZ employees expressed satisfaction with the safety and comfort of their working conditions, 77% considered that their workplace 'is a good place to work', and only 21% had often thought of leaving their job.

Table 2: Stress at Work

Question		Always %	Often %	Some times %	Rarely %	Never/ almost never%	Total No.
Do you have more work than you can accomplish?	Denmark	2.2	10.9	47.8	28.3	10.9	46
	NZ	12.3	22.8	33.3	22.8	8.8	57
Are you required to work overtime?	Denmark	0	22.2	48.9	15.6	13.3	45
	NZ	10.5	19.3	38.6	21.1	10.5	57
Does your work put you in emotionally distressing situations?	Denmark	2.2	2.2	37.0	30.4	28.3	46
	NZ	0	16.7	27.8	29.6	25.9	54
Do you think your work takes so much of your energy it affects your private life?	Denmark	2.2	13.0	23.9	41.3	19.6	46
	NZ	5.4	33.9	32.1	21.4	7.1	56
How often have you felt worn out?	Denmark	2.2	10.9	32.6	50.0	4.3	46
	NZ	7.3	41.8	40.0	7.3	3.6	55
How often have you felt stressed?	Denmark	2.2	8.7	19.6	47.8	21.7	46
	NZ	1.8	23.6	47.3	20.0	7.3	55

Conclusions

Overall the case studies confirm the original hypotheses but also indicate complex relationships between employee participation and work environment affecting business outcomes. The comparison between Denmark and NZ highlights these relationships.

The primary focus for employee participation hotels in both countries is the OHS committees, although wider participative practices also offer opportunity for employee voice. In Denmark the cooperation committees do not operate at the level of the individual hotels, but many employees considered them important for influencing working conditions, and more so than union delegates. In NZ other representative committees such as social and environmental committees also extended opportunities for employee voice, and it is noteworthy that the issues covered sometimes overlapped. The NZ OHS committees focused on strategic as well as reactive OHS issues, although this was particularly because of management initiative. In both countries hotel employees ranked their influence through the OHS committees and their effectiveness relatively highly, and there was evidence of a high degree of engagement by employees and their representatives.

However, there were limitations to the OHS committees as forms of employee voice. The degree of representativeness and accountability of the NZ committees was limited by the selection of employee representatives by management in many cases, and most 'volunteered' rather than being elected. Training and rewards for OHS employee representatives were also limited in NZ, indicating that management commitment also had significant limitations when resources were required.

In comparison between the countries there were some significant differences. Danish employees experienced more influence over how their work was done and how much they had to do than NZers. However, NZ employees felt better informed about management plans and NZers rated their opportunities for learning new things and their appreciation by

management higher than Danes. These differences may reflect the extensive efforts of the NZ OHS committees in communication with employees, as well as the greater influence in NZ of an effective unitarist ideology. In comparison Danish employees maintain a strong sense of collective control in the workplace, reflecting the wider environment of participation.

Significant differences in the work environments were also indicated. NZ workers were more likely to feel overworked and stressed than Danes. This relates to the greater control that Danes considered they had over the workplace and workloads. Yet, NZ workers still expressed high degrees of satisfaction with the safety and comfort of their workplace.

Business outcomes were undoubtedly affected by these patterns. Absenteeism was acknowledged by most NZ interview participants as a problem impacting upon productivity levels, hence they had introduced policies and practices to lower rates of absenteeism, particularly around 'no show' unexplained absenteeism. Surprisingly, despite such concern, the NZ interviewees demonstrated low awareness levels of actual rates of absenteeism. In Denmark absenteeism rates were probably lower, particularly in the hotel exhibiting great opportunities for participation and a better work environment. Turnover rates were lower than the industry average for the case studies in both countries, which reflects the relative success of participation practices and their impact on the work environment. These results can only be considered exploratory. But they warrant exploration in further studies.

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